

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2012

through

M M M / D D D / Y Y Y Y Y Y
02 29 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Sidney Levitsky

Signature of Treasurer

Dr. Sidney Levitsky

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 09 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		102788.42
(b) Cash on Hand at Beginning of Reporting Period.....	138624.02	
(c) Total Receipts (from Line 19)	2665.00	41610.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141289.02	144398.42
7. Total Disbursements (from Line 31)	13677.20	16786.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127611.82	127611.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
02 01 2012

To:

M M / D D / Y Y Y Y Y Y
02 29 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2565.00

39255.00

(ii) Unitemized

100.00

2355.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2665.00

41610.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

2665.00

41610.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2665.00

41610.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2665.00

41610.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1177.20	1786.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1177.20	1786.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	15000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13677.20	16786.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13677.20	16786.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2665.00	41610.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2665.00	41610.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1177.20	1786.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1177.20	1786.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mark S. Allen

Mailing Address 200 West 1st Street

City
Rochester

State Zip Code
MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2012

Transaction ID : SA11Al.10988

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Jennifer L. Ellis

Mailing Address 1222 29th Street, NW

City
Washington

State Zip Code
DC 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2012

Transaction ID : SA11Al.10987

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert A. Guyton

Mailing Address 3286 Northside Parkway

City
Atlanta

State Zip Code
GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2012

Transaction ID : SA11Al.10983

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey P. Jacobs

Mailing Address 2021 Brightwaters Boulevard

City State Zip Code
St. Petersburg FL 33703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiac Surgical Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2012

Transaction ID : SA11AI.10985

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven M. Keller

Mailing Address 17 Harlan Drive

City State Zip Code
New Rochelle NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2012

Transaction ID : SA11AI.10984

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John C. Myers

Mailing Address 1401 East State Street

City State Zip Code
Rockford IL 61104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish American Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SA11AI.11005

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

2565.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Category	Percentage
Very satisfied	872.89

Category/
Type

128.53

Category/
Type

139.67

Category/
Type

1141.09

1141.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BEN CARDIN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2012

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Transaction ID : SB23.10997Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

BENJAMIN L. CARDINCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR., MD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Mailing Address P.O. BOX 80126

City	State	Zip Code
LAFAYETTE	LA	70598

Transaction ID : SB23.10998Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

CHARLES BOUSTANY JR., MDCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR HARKIN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Mailing Address P.O. BOX 811

City	State	Zip Code
DES MOINES	IA	50304

Transaction ID : SB23.11001Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

THOMAS R. HARKINCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE

City MIDLAND	State MI	Zip Code 48640
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

DAVID LEE CAMPOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2012

Transaction ID : SB23.10999

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SAM JOHNSON

Mailing Address P.O. BOX 860096

City PLANO	State TX	Zip Code 75086
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

SAMUEL ROBERT JOHNSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2012

Transaction ID : SB23.11002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GINGREY FOR CONGRESS

Mailing Address P.O. BOX U

City MARIETTA	State GA	Zip Code 30060
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Purpose of Disbursement
CONTRIBUTION

Candidate Name

J. PHILLIP GINGREYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2012

Transaction ID : SB23.11000

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Mailing Address P.O. BOX 2334

City	State	Zip Code
DENTON	TX	76202

Transaction ID : SB23.10996Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

MICHAEL C. BURGESSCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 26

Full Name (Last, First, Middle Initial)

B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

Mailing Address 228 SOUTH WASHINGTON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.11003Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
12500.00